BEST AVAILABLE CO

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SEP-09 018636

FILING DATE

APPLICANT(S)

CLAIMS

	AS F	ILED	AFT	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			×		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1 t		IND.	DEP.	IND.	DER	IND.	DEP.
1	7		7		-		1 `	51	· · · · · · · · · · · · · · · · · · ·					
2		7		-/			1	52						
3		17		1		·	1 1	53						
4		THE STATE OF		7			1	54						
5		47	-	1	-		1 i	55						
6		17		1			1 1	56	,					
7		7(7)		" F			1 1	57						
8		17					1 1	58						
9		(7)					1 [59						
10		- W		7	1		1 1	60						
11				1			1	61						
12				17	1.		1 [62						
13		T					1 [63				ľ		
14				1] [64						
15					1.]	65						
16] [66						
17				T] [67						
18				17] [68						
19			<u> </u>	$\Box I$] [69				1 .		
20] [70						
21] [71						
22						<u> </u>	1 1	72				<u> </u>	<u> </u>	<u> </u>
23					<u> </u>		_	73				<u> </u>	<u> </u>	<u> </u>
24		<u> </u>		Ш]	74					<u> </u>	<u> </u>
25	ļ	<u> </u>	<u> </u>	<u> </u>]	75						
26		ļ	ļ		ļ		1 1	76		<u> </u>		<u> </u>	<u> </u>	<u> </u>
27			ļ	<u> </u>	ļ]	77			<u> </u>		L	
28	ļ	<u> </u>			<u> </u>	•] [78		<u> </u>				
29	<u> </u>	<u> </u>				<u> </u>] [79						
30		<u> </u>					J l	. 80					<u> </u>	ł
31		ļ		<u> </u>	<u> </u>] [81						
32	<u> </u>	<u> </u>	·		<u> </u>	<u> </u>] [82						
33					<u> </u>] [83			l			
34			<u> </u>			·] [84						
35 .] [85						
36				L				86		ļ				
37	<u> </u>	<u> </u>		<u> </u>	<u> </u>		_	87						
38		ļ	ļ				_ ։	88.						
39		 			<u> </u>		4	89		ļ	<u> </u>		1	<u> </u>
40			<u> </u>	 	_	<u> </u>	_	. 90		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
41		ļ	<u> </u>	<u> </u>	ļ		4	91	ļ	1	<u> </u>		<u> </u>	1
42	 	 	 		 	<u> </u>	4 !	92		ļ			<u> </u>	1
43	ļ	<u> </u>	<u> </u>			 	4	93		ļ	1	ļ		1
44		 	 		<u> </u>	-	.	94	<u> </u>	-	<u> </u>	<u> </u>		1
45	 	1	ļ	1	4	ļ	_	95	ļ		<u> </u>		ļ	
46	<u> </u>		 	 	_		4	96	<u> </u>					1
47	 		 		<u> </u>	ļ	_	97			<u> </u>	1	1	<u>L</u>
48	 	 	<u> </u>	-	↓	 	ٔ ا	98	<u> </u>			ļ	1	<u> </u>
49	-	-	 		 	 	4	99	<u> </u>	<u> -</u>			1	1
50	 	-	<u> </u>		1	4	.	100		1				
TOTAL IND.	/ :		/]		Л		TOTAL IND.		п		. п		п
TOTAL DEP.	8	- ⇔	2/	- ⇔`		ا ٍ ا	1	TOTAL DEP.	+	ل_ ل]. 🚭		ھے ل
DEP. YOTAL CLAIMS	1 %	30.3	22					DEP. YOYAL CLAIMS	1		1		1	200

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE Patent and Trademark Office